SUBMIT: COMPLETED APPLICATION STATEMENT AND FEE TO: 13 APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Stamp (Received) Signal ENTERE E

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ermit #:

B

10HO

Refund:

Amount Paid: THE THE 173

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT STARY CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO TYPE OF PERMIT REQUESTED-A LAND USE SANITARY APPLICANT. PRIVY CONDITIONAL USE SPECIAL USE B.O.A.

OTHER

		×					ain)	Other: (explain)		The state of the s
			-				Conditional Use: (explain)	Conditional	Π	Secretarial Staff
	-	<	-				(explain)	Special Use: (explain)	T	
	-	<	-							
	-	×		ord within test native to desire the state that the strain and which the strain errors	and the first of the state of t	teration (specify)	Accessory Building Addition/Alteration (specify)	Accessory B		
123 123	-	×	1/2/1	***************************************	N.	YOLE BARN	suilding (specify)	Accessory Building	2 TO C	Por'd for logger
		×				.[]	teration (specify)	Addition/Alteration	Τ	
	_	×					Mobile Home (manufactured date)	Mobile Horr		
	_	×	1	☐ cooking & food prep facilities)	<u>or</u> □ cooking &	☐ sleeping quarters, <u>or</u>	Bunkhouse w/ (□ sanitary, or □	Bunkhouse		
	_	×	-		and the same of th	ge	with Attached Garage		Use	☐ Commercial Use
	_	×					with (2 nd) Deck			
No. of the last of)	×	-				with a Deck			
)	×	(**************************************			with (2 nd) Porch			
)	×	(with a Porch		lse	Kesidential Use
	}	×	-				with Loft			*
	_	×	_			ack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence (i		
	_	×	(ire on property)	Principal Structure (first structure on property)	Principal Str		
Square Footage	18	Dimensions	Di		ro O	Proposed Structure	P		~	Proposed Use
	Height:	He He		wicth:		Length:			ction:	Proposed Construction:
	Height:	He		Width:		Length:		ng applied for is	(if permit beir	Existing Structure: (if permit being applied for is relevant to it)
				i d			Mindelmentering			
			et	Compost Torlet			Foundation		Property	
		ntract)	ice co	1	≯ None		1	-	☐ Run a Business on ☐	
	Vaulted (min 200 gallon)	ted (min	E					9	☐ Relocate (existing bldg)	
	47	y Type: _	ts) Specif	Sanitary (Exists) Specify Type:	3		2-Story		☐ Conversion	
_ X Well		ify Type: _	Spec	(New) Sanitary	□ 2		☐ 1-Story + Loft		☐ Addition/Alteration	7
□ City			y	□ Municipal/City	 <u></u>	Seasonal	1-Story	ruction	New Construction	
Water	1	pe of ry System operty?	What Type of Sewer/Sanitary Syste is on the property?	Sewer Is or	# of bedrooms	Use	# of Stories and/or basement		Project	of Completion * include donated time & material
	Sign		L		-					Value at Time
T L	4									Non-Shoreland
□ No	₹ <i>`</i> @	□ Yes	ine : _ feet	Distance Structure is from Shoreline:	Distance Struc	Pond or Flowage	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	//Land within 1	☐ Is Property	□ Shoreland —
Are Wetlands Present?	Property in odplain Zone?	Is Property in Floodplain Zone?	ine : _ feet	cture is from Shoreline :	Distance Structure	tream (incl. Intermittent)	liver, S	s Property/Land within 300 feet of F	☐ Is Property Creek or Lan	
	Acreage 86		Lot Size		16	Town of:	N, Range OG W	8	Township	Section 25
						GWPT 2			1/4	1/4, 1/4
660	Page(s)	- 0	Volume C Subdivision:	-000-/000 Block(s) No.	5-25-203 Lot(s) No.	N Vol & Page	Lot(s) CC		The second secon	TION
Document: (i.e. Property Ownership)	: (i.e. Proper	Socument Janeant	Recorded D		´ I	digits)	PIN: (- 1	Paral Daccrin	PROJECT
Authorization	Written Authorization Attached Yes No	ne en e	rte/Zip);	Agent Mailing Address (include City/State/Zip):	gent Mailing Ado		Owner(s)) Agent Phone:	cation on behalf of	erson Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))
	Transact Flagric.				Tunber.	200				Contractor.
-1616	113-18-12-			7	11 5 YBY)	人がでく	To		port K	71600 Hirper
	Cell Phone:			80		- 1	City/St		,,,,,,,	of Pro
->6//	115-512	Lh3h	7 53	Iron River , W.	RU I	O Mrsort	71000	Labri	Maria	とぬし ナ
27.77	Telephone:			City/State/Zip:	City/:	Mailing Address:	Mailing			Owner's Name:

12 V

Owners listed on the Deed ${
m All}$ Owners must sign or letter(s) of authorization must acc ompany this application) Date

Date

ि

91-18-

FAILURE TO OBTAIN A PERNAIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

(If you signing on behalf of the letter of authorization

Authorized Agent:

(If there

are Mult

Robert

O

John

Address to send permit

Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

<u>Draw or Sketch your Property (regardless of what you are applying for)</u>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Permit #: Refund: Date: Amount Paid: 想の 10.8.10

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zonling Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATION.

ing Department.	fees are paid.			-
		- INVADORATION	ceived)	`

`∭Non-Shoreland	□ Shoreland —		Section 36	N1/25 SE1/4, NE 1/4	LOCATION	מסט וכרד	-	Authorized Agent: (Per	Contractor: OWNER / BUINER	JOJ45 RANGE INC. Rd.	Peter	Owner's Name:	TYPE OF PERMIT REC
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage # yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue>	Section 36, Township 48 N, Range 9	1/4 Gov'r Lot Lot(s)	tateme		WATER TO THE PARTY OF THE PARTY	Authorized Agent: {Person Signing Application on behalf of Owner(s)}			Hexum		TYPE OF PERMIT REQUESTED→ □ LAND USE □ SAN
	ke, Pond or Flowage	er, Stream (incl. Intermittent	- W Town of:	VOI & False	04-	PIN: (23 digits)		Agent Phone:	Contractor Phone:	Fon River, WI 54847	PO Box 86		☐ SANITARY ☐ PRIVY
	Distance Structure is from Shoreline :	Distance Structure is from Shoreline: fee	T.	e Lor(3) No. Biock(3) No.				Agent Mailing Address (include City/State/Zip):	Plumber:	054847	ITION RIVER, WI SHOW	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
	oreline :	4	LOT Size	Supulvision.	Volume 105	Recorded Docun	-	/State/Zip):			CH845		
	□ Yes]	Is Property in Are Floodplain Zone?	20 acres		Page(s) 0	Document: (i.e. Property Ownership)	Attached No	Written Authorization	Plumber Phone:	715-292-	Cell Phone:	Telephone:	□ B.O.A. □ OTHER
	⊠ Yes	Are Wetlands Present?	res			wnership)		ization		7443			1

Proposed Construction:	Existing Structur						1,000,001 1,000,001)))) v	Tables Cont.	Value at Time of Completion * include donated time &
uction:	Existing Structure: (if permit being applied for is relevant to it)		X Arassory Sunding	Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	□ New Construction	Project
	r is relevant to it)			☐ Foundation	☐ No Basement	Basement	☐ 2-Story	☐ 1-Story + Loft	図 1-Story	# of Stories and/or basement
Length: 24	Length:	***************************************							□ Seasonal	Use
1					None None		မ	2		# of bedrooms
Width: 18	Width		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	'M Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: 🕱	Height				ct)	d (min 200 gallon) —	ype:			
								₩ell	City	Water

Proposed Use	Υ,	Proposed Structure	Dim	Dimensions
		Principal Structure (first structure on property)		X)
		Residence (i.e. cabin, hunting shack, etc.)		×)
		with Loft		×
X Residential Use		with a Porch		×
		with (2 nd) Porch		×)
		with a Deck		×
		with (2 nd) Deck		×
☐ Commercial Use		with Attached Garage		×
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		×)
		Mobile Home (manufactured date) 2×2×3+5 6×3+ 625 15		×)
, cond		Addition/Alteration (specify)		×)
Municipal Use	X	Accessory Building (specify) Car Port w/woodshed	12	x 24)
Pelaigitai ja damakanda		Accessory Building Addition/Alteration (specify)		× .)
Rec'd for Incurre	· A kernal			
		Special Use: (explain)		× _)
		Conditional Use: (explain)		×
		Other: (explain)	_	× _

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable ime for title purpose of inspection. P

Authorized Agent:

Address to send permit

Owner(s):

(If there are Multiple Owners listed

9

Deed All Owners must sign or letter(s) of authorization

must accompany this application)

Date

04

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(1) Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Front All Existing Structures on your Property	Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Roa All Existing Structures on your Prop	ad (Name Frontage Road)	
Show: Show any (*): Show any (*):	(*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	/or (*) Privy (P)
GRE At	tacked		
Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	continuing) he closest point)	Changes in plans must be app	Changes in plans must be approved by the Planning & Zoning Dept.
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	45 Feet	Setback from the Rank or Rinff Setback from the Rank or Rinff Setback from the Rank or Rinff	er mark) Feet
Setback from the North Lot Line Setback from the South Lot Line	0 Ver 500 Feet	Setback from Wetland	
Setback from the West Lot Line Setback from the East Lot Line	175	20% Slope Area on property Elevation of Floodplain	05 % Feet
Setback to Septic Tank or Holding Tank Setback to Drain Field	1 1 1	Setback to Well	Z S Feet
Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense.	Feet	boundary line from which the setback must be measured must be visible	e visible from one previously surveyed corner to the
Prior to the placement or construction of a structure more than one previously surveyed corner to the other previously surveye marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed	ten (10) feet but less than thirty (30) feet from to corner, or verifiable by the Department by use Location(s) of New Construction.	Fior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required sectack, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner. or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	a setback must be measured must be visible from the proposed site of the structure, or must be nk (HT), Privy (P), and Well (W).
NOTICE: All Land Use For The Construction Of New O The lo Issuance Information (County Use Only) Permit Denied (Date):	se Permits Expire One (1) Year from w One & Two Family Dwelling: ALL Ne local Town, Village, City, State or F Sanitary Number: Reason for Denial:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwe	not begun. orm Dwelling Code. Sanitary Date:
_ ¬ war	Permit Date:		
Is Parcel a Sub-Standard Lot Yes (Dec Is Parcel in Common Ownership Yes (Fus Is Structure Non-Conforming Yes	(Deed of Record) No (Fused/Contiguous Lot(s)) No (No	Mitigation Required □ Yes □ No Mitigation Attached □ Yes □ No	Affidavit Required Yes Vino Affidavit Attached Yes Vino
a l		Previously Granted by Variance (B.O.A.) ☐ Yes ▼ No Case	e #:
Was Parcel Legally Created Wes Was Proposed Building Site Delineated Wes	es □ No	Owner rveyed	
inspection Record:			Zoning District ()) Lakes Classification (
Date of Inspection:	Inspected by: Attached? Yes No-()	f No they need to be attached.)	Date of Re-Inspection:
38	F	human habritations on	gratour
Signature of Inspector: Hold For Sanitary:	Hold For Affidavit:	avit: ☐ Hold For Fees: ☐	Date of Approval:
	" " " " " " " " " " " " " " " " " " "	1101010101010101	*******

in the b - Marin PANGE LINE 80 OF RD. Form Her of Romo 36 CAPACE 0 50 A feptic (holding) tank Contract to properties. house North John Soo FEET 38 18 LAND WA Munh 30 Acres to boundary